Case 14-11702-abl Doc 5 Entered 03/14/14 10:43:18 Page 1 of 8

B22A (Official Form 22A) (Chapter 7) (4/13)

In re RONDA LEE BEESE	statement (check one box as directed in Part I, III, or VI of this
Debtor(s)	☐ The presumption arises.
(-)	
Case Number:	☐ The presumption is temporarily inapplicable.
(If known)	(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \S 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
14	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
18	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filling a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. 🔲 I was called to active duty after September 11, 2001, for a period of at least 90 days and
	☐ I remain on active duty /or/
	☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b.
	☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	n	

		Part II. CALCULATION C	F MONTHLY INCO	ME F	OR § 707(b)(7) EXC	LUS	ON	
		/filing status. Check the box that applie	s and complete the balance	of this	part of this statement as directe			
	b N pen livin	b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.						
2	c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.						both	
		Married, filing jointly. Complete both Ces 3-11.	olumn A ("Debtor's Incom	ie") and	d Column B ("Spouse's Incor	ne") f	or	
	calenda	res must reflect average monthly income ar months prior to filing the bankruptcy c mount of monthly income varied during t ter the result on the appropriate line.	ase, ending on the last day o	of the m	onth before the filing.		Column A Debtor's Income	Column B Spouse's Income
3	Gross	wages, salary, tips, bonuses, overtin	ne, commissions.				\$4,545.50	\$
4	differer farm, e Do not a. b.	e from the operation of a business, p nce in the appropriate column(s) of Line nter aggregate numbers and provide det include any part of the business exp Gross receipts	4. If you operate more than o ails on an attachment. Do no penses entered on Line b	one bus ot enter as a de \$0.00	iness, profession or a number less than zero. duction in Part V.		\$0.00	\$
	C.	Business income		Subtra	act Line b from Line a			
5	in the a	appropriate column(s) of Line 5. Do not early of the operating expenses entered Gross receipts	l on Line b as a deduction	o. D in Part \$0.00	o not include			
	b.	Ordinary and necessary operating exp Rent and other real property income	enses	\$0.00 Subtra	act Line b from Line a			
	L <u>.</u>	Traine and other real property mount		Loubire	Jot Line o notti Line d		\$0.00	\$
6	Interes	st, dividends, and royalties.					\$0.00	\$
7	Pensio	on and retirement income.					\$0.00	\$
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$0.00	\$	
9	Howev was a	ployment compensation. Enter the er, if you contend that unemployment co benefit under the Social Security Act, do n A or B, but instead state the amount in	not list the amount of such	or your	spouse			
		nployment compensation claimed to benefit under the Social Security Act	Debtor <u>\$0.00</u>	Spou	se <u>\$</u>		\$0.00	\$
10	separa if Colu Do not crime,	e from all other sources. Specify te page. Do not include alimony or mn B is completed, but include all of include any benefits received under the crime against humanity, or as a victim of	ther payments of alimony Social Security Act or paym	or septents	s paid by your spouse arate maintenance. ceived as a victim of a war			
	a.				0			
	D.	land onter on Line 40			· · · · · · · · · · · · · · · · · · ·	ļ	\$0.00	6
		and enter on Line 10	707(b)(7) Add Linon 2 the	u 10 in			\$0.00	\$
11		tal of Current Monthly Income for § 7 n A, and, if Column B is completed, add			nter the		\$4,545.50	\$

Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. \$4,545.50

	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$54,546.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: NEVADA b. Enter debtor's household size: 1	\$41,054.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

Enter the amount from Line 12.		\$4,545.50
Column B that was NOT paid on a regular basis for dependents. Specify in the lines below the basis for spouse's tax liability or the spouse's support of pers	e 2.c, enter on Line 17 the total of any income listed in Line 11, or the household expenses of the debtor or the debtor's or excluding the Column B income (such as payment of the sons other than the debtor or the debtor's dependents) and necessary, list additional adjustments on a separate page. If	
you did not ondok box at Ento 2.0, onto 2010.		
a.	\$0.00	
	\$0.00 \$0.00	
a.		
a. b.	\$0.00	\$0.00

	Part V. CALCULATION OF DEDUCTIONS FROM INCOME	
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)	
19A	National Standards: food, clothing, and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$583.00

3

4 B22A (Official Form 22A) (Chapter 7) (4/13) - Cont Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket National Standards: health care. Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in 19B Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Household members 65 years of age or older Household members under 65 years of age \$60.00 \$144.00 Allowance per member a1. Allowance per member a2. Number of members 0 1 Number of members b2. b1. Subtotal \$0.00 Subtotal \$60.00 c2. c1. \$60.00 IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This 20A information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. \$445.00 Local Standards: housing and utilities; mortgage/rent expenses. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. 20B Do not enter an amount less than zero. IRS Housing and Utilities Standards; mortgage/rental expense \$1,285.00 a. Average Monthly Payment for any debts secured by your b. home, if any, as stated in Line 42 \$1,043.00 \$242.00 Net mortgage/rental expense Subtract Line b from Line a. Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: 21 \$0.00 Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. 22A ☐ 0
☐ 1
☐ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census \$236.00 Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)

If you pay the operating expenses

\$0.00

Local Standards: transportation; additional public transportation expense.

22B

for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction

for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy

					1
	of ve	al Standards: transportation ownership/lease expense; Vehicle ehicles for which you claim an ownership/lease expense. (You may no ense for more than two vehicles.)		e number ership/lease	
	⊠1	2 or more.			
	Ente	er, in Line a below, the "Ownership Costs" for "One Car" from the IRS ailable at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court;			
23	Mon	on the paint direction of the bank direction	l2; subtract Lir		:
	a.	IRS Transportation Standards, Ownership Costs	\$517.00		
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$198.33		\$318.67
	C.	Net ownership/lease expense for Vehicle 1	Subtract Line	e b from Line a.	
24	Con Ente (ava	cal Standards: transportation ownership/lease expense; Vehicle inplete this Line only if you checked the "2 or more" Box in Line 23. er, in Line a below, the "Ownership Costs" for "One Car" from the IRS aliable at www.usdoj.gov/ust/ or from the clerk of the bankruptcy could average Monthly Payments for any debts secured by Vehicle 2, as standard and enter the result in Line 24.	Local Standa rt); enter in Lin ated in Line 42	ne b the total of 2; subtract Line b	
	[a.	. IRS Transportation Standards, Ownership Costs		\$0.00]
	b.	 Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 		\$0.00	1
	c.			Subtract Line b from Line a.	\$0.00
25	for a	85 .	s, such as inco include real o	ome taxes, self estate or sales	\$629.00
25	for a emptaxe Oth	all federal, state and local taxes, other than real estate and sales taxes ployment taxes, social-security taxes, and Medicare taxes. Do not	s, such as inco include real of ployment.	ome taxes, self estate or sales Enter the total average monthly	\$629.00 \$36.00
	for a emptaxe Oth pay Do Oth pay	all federal, state and local taxes, other than real estate and sales taxes ployment taxes, social-security taxes, and Medicare taxes. Do not es. ner Necessary Expenses: mandatory payroll deductions for emproll deductions that are required for your employment, such as retirem	s, such as inco include real of ployment. ment contribution intributions.	estate or sales Enter the total average monthly ons, union dues, and uniform costs. ms that you actually	
26	for a emptaxe Oth pay Do Oth pay for Oth to p	all federal, state and local taxes, other than real estate and sales taxes ployment taxes, social-security taxes, and Medicare taxes. Do not es. The Necessary Expenses: mandatory payroll deductions for emproll deductions that are required for your employment, such as retirem not include discretionary amounts, such as voluntary 401(k) comer Necessary Expenses: life insurance. Enter total average may for term life insurance for yourself. Do not include premiums for whole life or for any other form of insurance.	s, such as inco include real of ployment. ment contributions. monthly premiuror insurance of total monthly a spousal or chil	Enter the total average monthly ons, union dues, and uniform costs. ms that you actually on your dependents,	\$36.00
26	for a emptaxe. Oth pay Do Oth pay for Oth to p Do Oth cha	all federal, state and local taxes, other than real estate and sales taxes ployment taxes, social-security taxes, and Medicare taxes. Do not es. The Necessary Expenses: mandatory payroll deductions for emproll deductions that are required for your employment, such as retirem not include discretionary amounts, such as voluntary 401(k) conter Necessary Expenses: life insurance. The Processary Expenses: life insurance. Enter total average may the form of insurance. The Necessary Expenses: court-ordered payments. Enter the pay pursuant to the order of a court or administrative agency, such as a second court or administrative agency.	s, such as inco include real of ployment. ment contributions. monthly premiuror insurance of total monthly a spousal or child in Line 44. vsically or mentally cypery or mentally c	Enter the total average monthly ons, union dues, and uniform costs. In the state or sales Enter the total average monthly ons, union dues, and uniform costs. In that you actually on your dependents, In amount that you are required lid support payments. In the sales of the	\$36.00 \$21.00
26 27 28	for a emptaxe. Oth pay Do Oth pay for Oth to p Do Oth cha con chil-	all federal, state and local taxes, other than real estate and sales taxes ployment taxes, social-security taxes, and Medicare taxes. Do not es. The Necessary Expenses: mandatory payroll deductions for emproll deductions that are required for your employment, such as retirem not include discretionary amounts, such as voluntary 401(k) conter Necessary Expenses: life insurance. Enter total average may for term life insurance for yourself. Do not include premiums for whole life or for any other form of insurance. The Necessary Expenses: court-ordered payments. Enter the pay pursuant to the order of a court or administrative agency, such as anot include payments on past due support obligations included the Necessary Expenses: education for employment or for a physically did for whom no public education providing similar services is available. The Necessary Expenses: childcare. Enter the total average may be alled to the total average may be available.	s, such as inco include real of ployment. ment contributions. monthly premiun or insurance of total monthly a spousal or chil d in Line 44. ysically or me a actually exper y or mentally c	Enter the total average monthly ons, union dues, and uniform costs. In the state or sales Enter the total average monthly ons, union dues, and uniform costs. In that you actually on your dependents, In amount that you are required lid support payments. In the sales of the	\$36.00 \$21.00 \$0.00
26 27 28	for a emptaxe. Oth pay Do Oth pay for Oth to p Do Oth char con chill	all federal, state and local taxes, other than real estate and sales taxes ployment taxes, social-security taxes, and Medicare taxes. Do not es. The Necessary Expenses: mandatory payroll deductions for emproll deductions that are required for your employment, such as retirem not include discretionary amounts, such as voluntary 401(k) comer Necessary Expenses: life insurance. Enter total average my for term life insurance for yourself. Do not include premiums for whole life or for any other form of insurance. The Necessary Expenses: court-ordered payments. Enter the pay pursuant to the order of a court or administrative agency, such as anot include payments on past due support obligations included the Necessary Expenses: education for employment or for a phy callenged child. Enter the total average monthly amount that you addition of employment and for education that is required for a physically deformed to the properties of the total average monthly amount that you addition of employment and for education that is required for a physically deformed to the properties of the total average monthly amount that you addition of employment and for education that is required for a physically deformed to the total average monthly amount that you addition of employment and for education providing similar services is available. The Necessary Expenses: childcare. Enter the total average my local payres.	s, such as inco include real of include of incl	Enter the total average monthly ons, union dues, and uniform costs. In that you actually on your dependents, In that you are required a support payments. In that you actually expend on the educational payments. In that you actually expend on health of reimbursed by insurance or estate or sales.	\$36.00 \$21.00 \$0.00
26 27 28 29	for a emptaxe. Oth pay Do Oth pay for Oth to p Do Oth cha con chill Oth chill Oth care paid Do Oth acture page	all federal, state and local taxes, other than real estate and sales taxes ployment taxes, social-security taxes, and Medicare taxes. Do not es. The Necessary Expenses: mandatory payroll deductions for emproll deductions that are required for your employment, such as retirem not include discretionary amounts, such as voluntary 401(k) comer Necessary Expenses: life insurance. Enter total average must for term life insurance for yourself. Do not include premiums for whole life or for any other form of insurance. The Necessary Expenses: court-ordered payments. Enter the pay pursuant to the order of a court or administrative agency, such as anot include payments on past due support obligations included the Necessary Expenses: education for employment or for a physically deformed to the country of the deducation that is required for a physically deformed to the country of the deducation providing similar services is available. The Necessary Expenses: childcare. Enter the total average must be decared as baby-sitting, day care, nursery and preschool. Do ther Necessary Expenses: health care. Enter the total average to that is required for the health and welfare of yourself or your depended by a health savings account, and that is in excess of the amount enter the country of the payron of the amount entered to the amount ente	s, such as inco- include real of the contributions. In onthly premium or insurance of the contributions of the co	Enter the total average monthly ons, union dues, and uniform costs. In that you actually on your dependents, In amount that you are required lid support payments. In that you actually expend on the educational payments. In that you actually expend on the educational payments. In that you actually expend on health of reimbursed by insurance or En. In Line 34. In monthly amount that you cell phone service such as ecessary for your health	\$36.00 \$21.00 \$0.00 \$0.00

			ppart B: Additional Living I include any expenses that				
			rrance and Health Savings Account E		onthly expenses in the dependents.		
	a.	Health Insurance	\$286.00				
	b.	Disability Insurance	\$0.00				
34	c. Health Savings Account \$0.00						
	Total and enter on Line 34						
		e below:	his total amount, state your actual tota	il average monthly expen	ditures in the		
35	monthl elderly	y expenses that you will conf	care of household or family members tinue to pay for the reasonable and neces nember of your household or member of y	sary care and support of	fan	\$0.00	
36	incurre		ce. Enter the total average reasona our family under the Family Violence Pre- ature of these expenses is required to be	vention and Services Act	or	\$0.00	
37	Local S	Standards for Housing and U le your case trustee with o	tal average monthly amount, in excess of Utilities, that you actually expend for home documentation of your actual expense not already accounted for in the IRS S	e energy costs. You es, and you must demo	must	\$0.00	
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.					\$0.00	
39	clothin Standa or fron	ards, not to exceed 5% of the	pense. Enter the total average month bined allowances for food and clothing (abse combined allowances. (This informat court.) You must demonstrate that	pparel and services) in t ion is available at w	he IRS National www.usdoj.gov/ust/	\$0.00	
40		nued charitable contribution f cash or financial instrumen	ons. Enter the amount that you will cuts to a charitable organization as defined			\$300.00	
41	Total	Additional Expense Deduc	ctions under § 707(b). Enter the total	of Lines 34 through 40		\$586.00	
			Subpart C: Deductions for	or Debt Payment			
	you ow Payme total of filing o	vn, list the name of the credit ent, and check whether the p f all amounts scheduled as c of the bankruptcy case, divide al of the Average Monthly Pa	aims. For each of your debts that is sector, identify the property securing the debt aryment includes taxes or insurance. The contractually due to each Secured Creditoed by 60. If necessary, list additional entrayments on Line 42.	cured by an interest in protection of the transfer of the tran	oprerty that thly ent is the ving the Enter		
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.	Ocwen Loan Servicing	1116 Olvera Way, Las Vegas, NV 891	\$1,045.59	⊠ yes □no		
	b			\$0.00	☐ yes ☐no		
	C.			\$0.00	yes no		
	d.			\$0.00	☐ yes ☐no		
	e.			\$0.00	yes no	\$1,045.59	
		Total: Add Lines a - e \$					

	reside you m in add would	nay include in your deduction dition to the payments listed I include any sums in defai	claims. If any of the debts listed in Line her property necessary for your support or on 1/60th of any amount (the "cure amount" d in Line 42, in order to maintain possessio ult that must be paid in order to avoid repos llowing chart. If necessary, list additional er	') that you must pay the creditor n of the property. The cure amount session or foreclosure. List and	
		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
43	a.	Chase Bank	2008 Acura TL	\$198.33	
	b.			\$0.00	
	C.			\$0.00	
	d.			\$0.00	
	е.			\$0.00	
		•		Total: Add Lines a - e	\$198.33
44	as pri	iority tax, child support and	rity claims. Enter the total amount, divide alimony claims, for which you were liable a tions, such as those set out in Line 28.	at the time of your bankruptcy	\$0.00
	the fo		penses. If you are eligible to file a case un amount in line a by the amount in line b, an		
	a.	Projected average month	ily Chapter 13 plan payment.	\$0.00	
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) x 0.063				
	C. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b				
	+	I Dadwatiana for Dobt De	yment. Enter the total of Lines 42 throu	inh 45	\$1,243.92
46	Tota	I Deductions for Debt Pa	lyment. Enter the total of Lines 42 throt	igii 45.	\$1,240.02
46	Tota	i Deductions for Debt Pa	Subpart D: Total Deducti		\$1,245.5E
46		I of all deductions allow	Subpart D: Total Deducti		\$4,475.59
		l of all deductions allowe	Subpart D: Total Deducti	ions from Income Lines 33, 41, and 46.	
	Tota	l of all deductions allow	Subpart D: Total Deduction of under § 707(b)(2). Enter the total of	ions from Income Lines 33, 41, and 46. 707(b)(2) PRESUMPTION	
47	Tota	of all deductions allowed Part The amount from Line	Subpart D: Total Deduction of the state of t	ions from Income Lines 33, 41, and 46. 707(b)(2) PRESUMPTION ((2))	\$4,475.59
47	Tota Ente	Part r the amount from Line are they amount from Line are they disposable income	Subpart D: Total Deduction of under § 707(b)(2). Enter the total of VI. DETERMINATION OF § 708 (Current monthly income for § 707(b) (Total of all deductions allowed under the company of	ions from Income Lines 33, 41, and 46. 707(b)(2) PRESUMPTION ((2))	\$4,475.59 \$4,545.50
47 48 49	Ente Ente Monresul 60-m	Pari r the amount from Line r the amount from Line thly disposable income t anoth disposable income ber 60 and enter the result	Subpart D: Total Deduction of under § 707(b)(2). Enter the total of VI. DETERMINATION OF § 708 (Current monthly income for § 707(b) (47 (Total of all deductions allowed under § 707(b)(2). Subtract Line 49 from under § 707(b)(2). Multiply the amount	ions from Income Lines 33, 41, and 46. 707(b)(2) PRESUMPTION (2)) or § 707(b)(2)) om Line 48 and enter the art in Line 50 by the	\$4,475.59 \$4,545.50 \$4,475.59
47 48 49 50	Ente Ente Monresul 60-m numl Initia Th this Tr page	r the amount from Line at the amount on Line 51 is statement, and complete the amount set forth on Line 1 of this statement, and complete the amount set forth on Line 1 of this statement, and complete the amount set forth on Line 1 of this statement, and complete the amount set forth on Line 1 of this statement, and complete the amount set forth on Line 1 of this statement, and complete the amount set forth on Line 1 of this statement, and complete the amount set forth on Line 1 of this statement, and complete the complete the amount set forth on Line 1 of this statement, and complete the co	Subpart D: Total Deduction and under § 707(b)(2). Enter the total of the VI. DETERMINATION OF § 707(b) 18 (Current monthly income for § 707(b) 18 (Total of all deductions allowed under § 707(b)(2). Subtract Line 49 from under § 707(b)(2). Multiply the amountation. Check the applicable box and proceed than \$7,475° Check the box for "The verification in Part VIII. Do not complete time 51 is more than \$12,475° Check	Cons from Income Lines 33, 41, and 46. CO7(b)(2) PRESUMPTION (2)) Or § 707(b)(2)) Om Line 48 and enter the Int in Line 50 by the Exercised as directed. The presumption does not arise at the top of page 1 of the remainder of Part VI. The box for "The presumption arises" at the top of any also complete Part VII. Do not complete the remainder of the remainder of the remainder of the page 1.	\$4,475.59 \$4,545.50 \$4,475.59 \$69.91 \$4,194.60
47 48 49 50 51	Ente Ente Mon resul 60-m numb Initia Initia Initia Initia Initia Initia Initia Initia Initia	r the amount from Line at the amount on Line 51 is a samount on Line 55 is a samount on Line 55.	Subpart D: Total Deduction and under § 707(b)(2). Enter the total of VI. DETERMINATION OF § 708 (Current monthly income for § 707(b) (2). It (Total of all deductions allowed under § 707(b)(2). Subtract Line 49 from under § 707(b)(2). Multiply the amountation. Check the applicable box and proceeds than \$7,475* Check the box for "The verification in Part VIII. Do not complete inte 51 is more than \$12,475* Check complete the verification in Part VIII. You may be under § 707(b)(2).	Cons from Income Lines 33, 41, and 46. CO7(b)(2) PRESUMPTION (2)) Or § 707(b)(2)) Om Line 48 and enter the Int in Line 50 by the Exercised as directed. The presumption does not arise at the top of page 1 of the remainder of Part VI. The box for "The presumption arises" at the top of any also complete Part VII. Do not complete the remainder of the remainder of the remainder of the page 1.	\$4,475.59 \$4,545.50 \$4,475.59 \$69.91 \$4,194.60
48 49 50 51	Ente Ente Monresul 60-m num! Initia Th this Tr page Tr VI (I Ente	r the amount from Line at the amount on Line 51 is a samount on Line 55 is a samount on Line 55.	Subpart D: Total Deduction and under § 707(b)(2). Enter the total of VI. DETERMINATION OF § 708 (Current monthly income for § 707(b) (37 (Total of all deductions allowed under § 707(b)(2). Subtract Line 49 from under § 707(b)(2). Multiply the amountation. Check the applicable box and proceed the verification in Part VIII. Do not complete the verification in Part VIII. Do not complete the verification in Part VIII. You must least \$7,475*, but not more than \$12,400 all non-priority unsecured debt	Complete the remainder of Part Lines 33, 41, and 46. CO7(b)(2) PRESUMPTION ((2)) For § 707(b)(2)) For Line 48 and enter the Line 50 by t	\$4,475.59 \$4,545.50 \$4,475.59 \$69.91 \$4,194.60 of

		PART VII. ADDITIONAL EXPENSE CLAIMS
	health monthi	Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the and welfare of you and your family and that you contend should be an additional deduction from your current by income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect werage monthly expense for each item. Total the expenses.
56		Expense Description Monthly Amount
30	a.	\$
	b.	\$
	c.	\$
		Total: Add Lines a, b, and c \$
		Part VIII: VERIFICATION
57		re under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, ebtors must sign.) 3-13-14 Signature: /s/ RONDA LEE BEESE CONDA LEE
	Date: _	Signature:(Joint Debtor, if any)

^{*}Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.